

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0186942

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APR 28 1999

99 APR 28 AM 9:19

**DOCUMENT # F93000001997**

1. Corporation Name  
**DILLINGHAM HOLDINGS, LIMITED COMPANY**



Principal Place of Business  
**4 COLUMBUS CENTRE WICKHAMS CAY ROAD TOWN, TORTOLA VI**

Mailing Address  
**701 BRICKELL AVE SUITE 850 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **04/27/1993**
- 4. F.I.T. Number: **NOT APPLICABLE** Applied For:  Not Applicable:
- 5. Certificate of Status Desired:  **\$8.75** Additional Fee Requested
- 6. Election Campaign Financing / Trust Fund Contribution:  **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt #, etc.  
27. City & State  
28. Zip  
29. Country

9. Name and Address of Current Registered Agent  
**SULLIVAN, JOHN S  
701 BRICKELL AVENUE  
SUITE 850  
MIAMI FL 33131**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. City  
84. State

**100002861851--S  
-05/04/99--01053--001  
\*\*\*1800.00 FL \*\*\*150.00**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation, solemnly this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

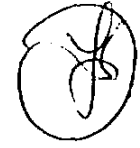
SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and tax filer

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	[ ] DELETE
NAME	<b>MANSFIELD, ABDEL</b>	
STREET ADDRESS	<b>AVDA. FEDERICO BOYD NO. 33</b>	
CITY-ST-ZIP	<b>PANAMA 1</b>	
TITLE	<b>S</b>	[ ] DELETE
NAME	<b>DE LA GUARDIA, LUIS CARLOS</b>	
STREET ADDRESS	<b>AVDA. FEDERICO BOYD NO. 33</b>	
CITY-ST-ZIP	<b>PANAMA 1, REP. DE PANAMA</b>	
TITLE	<b>D</b>	[ ] DELETE
NAME	<b>MANSFIELD, ABDEL</b>	
STREET ADDRESS	<b>AVDA. FEDERICO BOYD NO. 33</b>	
CITY-ST-ZIP	<b>PANAMA 1, REP. DE PANAMA</b>	
TITLE	<b>AS</b>	[ ] DELETE
NAME	<b>LEDEZMA, HERIBERTO</b>	
STREET ADDRESS	<b>AVDA. FEDERICO BOYD NO. 33</b>	
CITY-ST-ZIP	<b>PANAMA 1, REP. DE PANAMA</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[X] Change [ ] Addition
12 NAME	<b>Avda. Samuel Lewis Calle 54 Torre AFRA, Piso no. 10 Panama 1, Rep. de Panama</b>	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[X] Change [ ] Addition
22 NAME	<b>Avda. Samuel Lewis Calle 54 Torre AFRA, Piso no. 10 Panama 1, Rep. de Panama</b>	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[X] Change [ ] Addition
32 NAME	<b>Avda. Samuel Lewis Calle 54 Torre AFRA, Piso no. 10 Panama 1, Rep. de Panama</b>	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[X] Change [ ] Addition
42 NAME	<b>Avda. Samuel Lewis Calle 54 Torre AFRA, Piso no. 10 Panama 1, Rep. de Panama</b>	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Abdiel Mansfield** 4/23/99 (011507) 263-9355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)